

**COMBINED DECLARATION AND POWER OF ATTORNEY**

As a below-named inventor, I HEREBY DECLARE THAT:

This Declaration is for the following type of application:

**ORIGINAL PATENT APPLICATION**

My residence, post office address and citizenship are as stated below next to my name; I believe that I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled **COMPOSITIONS, TEST KITS AND METHODS FOR DETECTING HELICOBACTER PYLORI**, the specification of which is filed herewith:.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Not Claimed

\_\_\_\_\_  
(Number)      (Country)      (Day/Month/Year Filed)

\_\_\_\_\_  
(Number)      (Country)      (Day/Month/Year Filed)

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

\_\_\_\_\_  
(Application Number)      (Filing Date)

(Application Number)

(Filing Date)

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

(Application Number) (Filing Date) (Status -- patented, pending, abandoned)

(Application Number) (Filing Date) (Status -- patented, pending, abandoned)

## **POWER OF ATTORNEY**

I hereby appoint as my attorneys, with full powers of substitution and revocation, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

**Gabor L. Szekeres**      **Registration No. 28,675**  
**Howard J. Klein**      **Registration No. 28,727**

Please send all correspondence to: **KLEIN & SZEKERES, LLP**  
**4199 Campus Drive**  
**Suite 700**  
**Irvine, California 92612**

and address all Telephone Calls to: **Gabor L. Szekeres**  
**(949) 854-5502**

## **DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First Joint Inventor  
**George SACHS**

Citizenship  
**United States**

RESIDENCE Address - Street  
**17986 Boris Drive**

POST OFFICE Address - Street  
**17986 Boris Drive**

City (Zip)  
**Encino** **91312**

City (Zip)  
**Encino** **91312**

State or Country  
**California** **U S A**

State or Country  
**California** **U S A**

Date: 2/14/02

  
Signature

Full Name of Second Joint Inventor  
**Petra Voland**

Citizenship  
**Germany**

RESIDENCE Address - Street  
**Poessenbacher Strasse 7**

POST OFFICE Address - Street  
**Poessenbacher Strasse 7**

City (Zip)  
**Munich** **D-81479**

City (Zip)  
**Munich** **D-81479**

State or Country  
**GERMANY**

State or Country  
**GERMANY**

Date: 2 - 11 - 02

P. Voland  
Signature

## SEQUENCE LISTING

<110> SACHS, GEORGE  
VOLAND, PETRA

<120> COMPOSITIONS, TEST KITS AND METHODS FOR DETECTING  
HELICOBACTER PYLORI

<130> 626 06 PA

<140>  
<141>

<160> 4

<170> PatentIn Ver. 2.1

<210> 1  
<211> 249  
<212> PRT  
<213> Helicobacter pylori

<400> 1  
Met Lys Lys Gly Ser Leu Ala Ile Val Leu Gly Ser Leu Leu Ala Ser  
1 5 10 15  
Gly Ala Phe Tyr Thr Ala Leu Ala Asp Gly Met Pro Ala Lys Gln Gln  
20 25 30  
His Asn Asn Thr Gly Glu Ser Val Glu Leu His Phe His Tyr Pro Ile  
35 40 45  
Lys Gly Lys Gln Glu Pro Lys Asn Ser His Leu Val Val Leu Ile Glu  
50 55 60  
Pro Lys Ile Glu Ile Asn Lys Val Ile Pro Glu Ser Tyr Gln Lys Glu  
65 70 75 80  
Phe Glu Lys Ser Leu Phe Leu Gln Leu Ser Ser Phe Leu Glu Arg Lys  
85 90 95  
Gly Tyr Ser Val Ser Gln Phe Lys Asp Ala Ser Glu Ile Pro Gln Asp  
100 105 110  
Ile Lys Glu Lys Ala Leu Leu Val Leu Arg Met Asp Gly Asn Val Ala  
115 120 125  
Ile Leu Glu Asp Ile Val Glu Glu Ser Asp Ala Leu Ser Glu Glu Lys  
130 135 140  
Val Ile Asp Met Ser Ser Gly Tyr Leu Asn Leu Asn Phe Val Glu Pro  
145 150 155 160  
Lys Ser Glu Asp Ile Ile His Ser Phe Gly Ile Asp Val Ser Lys Ile  
165 170 175  
Lys Ala Val Ile Glu Arg Val Glu Leu Arg Arg Thr Asn Ser Gly Gly  
180 185 190

Phe Val Pro Lys Thr Phe Val His Arg Ile Lys Glu Thr Asp His Asp  
 195 200 205

Gln Ala Ile Arg Lys Ile Met Asn Gln Ala Tyr His Lys Val Met Val  
 210 215 220

His Ile Thr Lys Glu Leu Ser Lys Lys His Met Glu His Tyr Glu Lys  
 225 230 235 240

Val Ser Ser Glu Met Lys Lys Arg Lys  
 245

<210> 2  
 <211> 179  
 <212> PRT  
 <213> Helicobacter pylori

<400> 2  
 Met Lys Arg Ser Ser Val Phe Ser Phe Leu Val Ala Phe Leu Leu Val  
 1 5 10 15

Ala Gly Cys Ser His Lys Met Asp Asn Lys Thr Val Ala Gly Asp Val  
 20 25 30

Ser Ala Lys Thr Val Gln Thr Ala Pro Val Thr Thr Glu Pro Ala Pro  
 35 40 45

Glu Lys Glu Glu Pro Lys Gln Glu Pro Ala Pro Val Val Glu Glu Lys  
 50 55 60

Pro Ala Val Glu Ser Gly Thr Ile Ile Ala Ser Ile Tyr Phe Asp Phe  
 65 70 75 80

Asp Lys Tyr Glu Ile Lys Glu Ser Asp Gln Glu Thr Leu Asp Glu Ile  
 85 90 95

Val Gln Lys Ala Lys Glu Asn His Met Gln Val Leu Leu Glu Gly Asn  
 100 105 110

Thr Asp Glu Phe Gly Ser Ser Glu Tyr Asn Gln Ala Leu Gly Val Lys  
 115 120 125

Arg Thr Leu Ser Val Lys Asn Ala Leu Val Ile Lys Gly Val Glu Lys  
 130 135 140

Asp Met Ile Lys Thr Ile Ser Phe Gly Glu Thr Lys Pro Lys Cys Ala  
 145 150 155 160

Gln Lys Thr Arg Glu Cys Tyr Lys Glu Asn Arg Arg Val Asp Val Lys  
 165 170 175

Leu Met Lys

<210> 3  
 <211> 192  
 <212> PRT  
 <213> Helicobacter pylori

<400> 3

Met	Leu	Glu	Lys	Ser	Phe	Leu	Lys	Ser	Lys	Gln	Leu	Phe	Leu	Cys	Gly
1															
														10	15

Leu Gly Val Leu Met Leu Gln Ala Cys Thr Cys Pro Asn Thr Ser Gln

														20	25	30
--	--	--	--	--	--	--	--	--	--	--	--	--	--	----	----	----

Arg Asn Ser Phe Leu Gln Asp Val Pro Tyr Trp Met Leu Gln Asn Arg

														35	40	45
--	--	--	--	--	--	--	--	--	--	--	--	--	--	----	----	----

Ser Glu Tyr Ile Thr Gln Gly Val Asp Ser Ser His Ile Val Asp Gly

														50	55	60
--	--	--	--	--	--	--	--	--	--	--	--	--	--	----	----	----

Lys Lys Thr Glu Glu Ile Glu Lys Ile Ala Thr Lys Arg Ala Thr Ile

														65	70	75	80
--	--	--	--	--	--	--	--	--	--	--	--	--	--	----	----	----	----

Arg Val Ala Gln Asn Ile Val His Lys Leu Lys Glu Ala Tyr Leu Ser

														85	90	95
--	--	--	--	--	--	--	--	--	--	--	--	--	--	----	----	----

Lys Thr Asn Arg Ile Lys Gln Lys Ile Thr Asn Glu Met Phe Ile Gln

														100	105	110
--	--	--	--	--	--	--	--	--	--	--	--	--	--	-----	-----	-----

Met Thr Gln Pro Ile Tyr Asp Ser Leu Met Asn Val Asp Arg Leu Gly

														115	120	125
--	--	--	--	--	--	--	--	--	--	--	--	--	--	-----	-----	-----

Ile Tyr Ile Asn Pro Asn Asn Glu Glu Val Phe Ala Leu Val Arg Ala

														130	135	140
--	--	--	--	--	--	--	--	--	--	--	--	--	--	-----	-----	-----

Arg Gly Phe Asp Lys Asp Ala Leu Ser Glu Gly Leu His Lys Met Ser

														145	150	155	160
--	--	--	--	--	--	--	--	--	--	--	--	--	--	-----	-----	-----	-----

Leu Asp Asn Gln Ala Val Ser Ile Leu Val Ala Lys Val Glu Glu Ile

														165	170	175
--	--	--	--	--	--	--	--	--	--	--	--	--	--	-----	-----	-----

Phe Lys Asp Ser Val Asn Tyr Gly Asp Val Lys Val Pro Ile Ala Met

														180	185	190
--	--	--	--	--	--	--	--	--	--	--	--	--	--	-----	-----	-----

<210> 4  
 <211> 144  
 <212> PRT  
 <213> Helicobacter pylori

<400> 4

Met	Asn	Ile	Ser	Val	Asn	Pro	Tyr	Leu	Met	Ala	Val	Val	Phe	Val	Val	
1																15
															10	

Phe Val Leu Leu Trp Ala Met Asn Val Trp Val Tyr Arg Pro Leu

														20	25	30
--	--	--	--	--	--	--	--	--	--	--	--	--	--	----	----	----

Leu Ala Phe Met Asp Asn Arg Gln Ala Glu Ile Lys Asp Ser Leu Ala

														35	40	45
--	--	--	--	--	--	--	--	--	--	--	--	--	--	----	----	----

Lys Ile Lys Thr Asp Asn Ala Gln Ser Val Glu Ile Gly His Gln Ile  
50 55 60

Glu Ala Leu Leu Lys Glu Ala Ala Glu Lys Arg Arg Glu Ile Ile Ala  
65 70 75 80

Glu Ala Ile Gln Lys Ala Thr Glu Ser Tyr Asp Ala Val Ile Lys Gln  
85 90 95

Lys Glu Asn Glu Leu Asn Gln Glu Phe Glu Ala Phe Ala Lys Gln Leu  
100 105 110

Gln Asn Glu Lys Gln Ala Leu Lys Glu Gln Leu Gln Ala Gln Met Pro  
115 120 125

Val Phe Glu Asp Glu Leu Asn Lys Arg Val Ala Met Gly Leu Gly Ser  
130 135 140